

6

REPORT

ON

PROVISION FOR THE CHRONIC INSANE.

BY

JOHN B. CHAPIN, M. D.,

BRIGHAM HALL, CANANDAIGUA, N. Y.

REPRINTED FROM THE

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

1868.

PRINTED AT THE TIMES OFFICE, CANANDAIGUA.

PROVISION FOR THE CHRONIC INSANE.

The *resume* of the history and present condition of psychological medicine presented at the last meeting of this association by the section we now have the honor to represent, exhibited gratifying evidence of the progress of this department of medicine. It was exceedingly becoming that the distinguished gentleman* who has done so much to adorn the literature of his profession, and who has participated for many years in professional duties incident to the charge of an asylum for the insane, should, at the conclusion of his active service, from his impartial standpoint, survey this field of medical research. His efforts, with those of numerous members of our profession, have identified it with the comparatively improved condition of the insane, and enlightened the public as to its obligations toward this unfortunate class, by demonstrating the fact that a large proportion of cases recover under appropriate care and treatment.

Insanity is one of the expressions of the infirmity of human nature, and may be expected to occur in a certain ratio in every community, yet its occurrence has not been anticipated in any instance by proper preparation. Provision for it has been deferred, invariably, until the demand has become pressing, and, until the condition and neglect of the insane has been

regarded such a public scandal that their claims could not with decency be longer ignored.

It is a part of the history of the provision for the insane of this country, that the earlier efforts in this direction were prompted by a desire to afford an asylum, or retreat, for the dangerous class, or such friendless and indigent insane persons as were found in jails, almshouses, and other improper receptacles. Official reports of commissions, and inquiries set on foot by medical societies or individuals, have brought to light the wretchedness, habitual neglect, and abuse, which prevail in these abodes, and which, in every instance of the erection of a new asylum, have formed the basis and burden of the appeal for legislative or benevolent aid. An examination of these reports, and the memorials that have grown out of them, will enable us to come to no other conclusion than that the object aimed at was the removal of the insane from the influences and privations of the poor-houses and other improper places where they were found. Undoubtedly the legislatures which made appropriations upon the representations presented, have reasonably anticipated that the relief, so far as it could be made to extend, would apply first to those whose long suffering and neglect entitled them, if they had any claim, to prior consideration.

It has appeared, however, that the relief afforded to the class of the insane confined in the poor-houses by the opening of an asylum is, usually, exceedingly limited; that the number remaining in the poor-houses, and sometimes in the jails, has continued unchanged, and that, even the very class in whose behalf so much sympathy was invoked, has been actually discriminated against in the legislation organizing the newly created institution.

Several circumstances have conspired to bring about

this state of things. It is a well known fact, that however commendable a proposition, or an institution, may be, that, in the expenditure of public money to carry it out, a variety of new interests, personal, political, and pecuniary, in no way relating to the end in view, often enter into the prosecution of it to influence and shape it. In this manner extravagance of management, and an utter failure to appreciate the intentions and plans of the founders of a great and good work may bring about a loss of public confidence and paralyze all subsequent endeavors in the same direction for years. Then, again, if we are able to infer what were the views of the early advocates of reform in the care of the insane in this country, they did not contemplate their removal from the noisome poor-houses and jails to asylums where they were to remain for a brief period, and when pronounced incurable, or the disease had assumed a chronic and harmless character, to be returned whence they came. The change and improvement looked to permanence. The asylum was to become for the insane what its name imports—a home; yet, if we follow the course of legislation, and, we may say, of professional opinion upon this subject, it will appear that the tendency has been to regard institutions for the insane solely as hospitals or curative establishments. The asylum for the insane has come to be regarded in the public mind a temporary place of abode for medical treatment alone, and not a retreat or home. The legislation regarding the admission of patients has been framed to give preference to recent cases, to defer and exclude the chronic, and to discharge those deemed incurable. The administration of those laws pertaining to the care and disposition of the insane poor devolves upon certain county officials, who often allow their desire for economy to overbalance the humane discharge of their duty. The laws of some of

the states also vest a discretionary power in county officials of sending the insane poor to an asylum or a poor-house, and, in the officers of an asylum, of returning patients to the poor-houses as incurable. Thus the statutes, in their practical operation, discriminate against a class of the insane whom we prefer to designate as the chronic insane—*not necessarily the incurable*—the class now most deserving the intelligent consideration of the profession because the most-suffering, friendless, and helpless.

The result in all the populous states is quite uniform. The sentiment of the community conforms itself gradually to its written statutes, and the long continued practice of returning the insane poor to the infirmaries and poor-houses has confirmed the public mind in the belief that, after a trial has been made at an asylum, it has discharged its whole duty in this relation. The poor-house becomes the final legalized receptacle of the friendless and penniless lunatic. It receives its yearly increment from the community directly, and, indirectly, from the asylums, until the insane department becomes a part of the pauper establishment of the county. A few of the insane, comparatively, are provided for in asylums, but the large proportion wear out a miserable existence in the poor-houses.

According to our observation of the tendency of public opinion upon the question of provision for the insane—the insane poor particularly—we express the conviction that it has been, until a recent period, in a retrograde direction, and unfavorable to their interests. The reasons for this we have already briefly alluded to, and recapitulate them :

First. Legislation discriminating against the chronic insane poor.

Second. The legalization of poor-houses and infirma-

ries as proper places for the care of the insane, both in the acute and chronic stage of the disease, and the return of the insane as incurable from the asylums, thus forcing upon county officials the care of their insane and entrenching the system by established usage.

Third. The tendency of the profession to regard an asylum as a hospital for the *cure* of insanity, and not as a retreat or home.

Fourth. The tendency to erect buildings on a scale beyond the means and willingness of the public to provide; and, too expensive to furnish all with accommodations at the same rate.

In presenting this report the object the committee have in view is to press upon the attention of this body the claims of that portion of the insane not directly comprehended in the present scheme of asylum relief. We also present some suggestions which, if reflected upon in the spirit in which they are offered, will, in our opinion, materially mitigate the existing evil and give us, when carried out, what we have not now, a comprehensive system of caring for all classes of our insane. These suggestions apply in principle to all conditions of the insane, but particularly to the indigent class. The insane poor, by reason of their destitute circumstances, fall upon the public charge, and their present wretched condition, together with the fact that their number is rapidly increasing, renders the question of their proper care one of growing importance. The first step in this direction should be the enactment of laws in accordance with the just rights of all classes of the insane. The claim of every insane person, whether in the acute or chronic stage of the disease, to the treatment and care his condition demands, should be recognized. The state should assume the guardianship of all insane persons who, by reason of indigence or crime, are thrown upon

the public charge so far as to prescribe the conditions under which they should be cared for, and exercise surveillance over them as wards. The practice of sending the insane to poor-houses, infirmaries, and jails, and of returning them to such places from the asylums with "the stigma of incurability" upon them, should be illegalized and abandoned. The law should plainly direct the legal custodian of the insane person, on the fact of insanity and indigence being established, to convey such individual to the state asylum. From the asylum a discharge should not be granted until restoration takes place, or until it may be made under circumstances which we will point out hereafter.

The asylums should be held to their originally designed purpose of affording, in addition to means of treatment, a retreat or home for those whose condition renders their discharge and residence elsewhere unadvisable. As one result of discharging patients as incurable has been to depreciate the value of asylums in the public mind, so the retention of chronic cases would tend to their appreciation. Statutes framed to insure the right of the neglected class to proper care could have but one result—the advancement and elevation of public opinion. Under this policy the existing institutions would rapidly fill up, but, in the end, we would witness the appreciation of the necessity of additional establishments, and their multiplication to meet the demand would follow in course. The asylums would present a diminished number of recoveries in their annual reports, which would be less satisfactory to the medical staff, whose labor, however, would not be less worthily, less honorably or usefully employed in endeavoring to ameliorate and render more tolerable the condition of chronic insanity which would fall so largely to their lot to deal with.

The propositions which we have presented are so just that we believe they will commend themselves favorably to every right-minded citizen, and so humane as to meet the demands of every philanthropist. They will be found, also, on examination, to be in strict accordance with the laws of political economy. Any change will be regarded as an innovation, and, that it will be accepted without objection, is not to be expected. Adherence to the traditions of the past and established usage, an adhesion to dogmatic propositions, and a tyranny of professional opinion which would fetter all inquiry, combine to prevent an impartial and fair examination of this subject. We submit, however, that in the light of the experience before us the question of future provision for the insane—particularly the chronic insane—is a legitimate one for continued investigation. It is a proper question to be brought, not only before the entire profession, but the public, who, as taxpayers, must be relied upon to carry out whatever is proposed.

The adoption of these propositions would lead to a departure from the principles which now govern the construction of our asylums for the insane. This change would become necessary to adapt them to the care of the harmless and quiet insane and such other patients whose condition would render their discharge unadvisable.

According to the investigations of Dr. Jarvis, the annual expectancy of insanity in Massachusetts is one in every seventeen hundred of population. The expectancy of results based upon the treatment of several thousands of patients in American asylums is, that of every one hundred admitted, forty-two will recover, eight will die, and fifty be discharged, improved and unimproved. Twenty-one of the forty-two will have a subsequent attack, with its varying results. If, for the care

and treatment of the various conditions these cases present, restraint to one building, with its classifications, is all that is to be sought in the plan of an asylum, there is perhaps little to be desired beyond the models already presented for imitation. In all established institutions classification is justly regarded one of the important elements of moral treatment. The principle which governs classification is the measure of self-control the individual possesses and the mutual reactions of associated patients. Every consideration must also be made subservient to the preservation of a certain amount of order, quiet, and discipline, especially in a large institution. Hence it will be found that the principle of classification, practically applied, separates the excited and noisy patients from the quiet and orderly, irrespective of the nature or duration of the disease. A government, always intended to be mild and firm, pervades the entire household, which constitutes the discipline of the asylum. To the theory of government established all must conform, and, as the number swells, that maxim comes to be practiced which inculcates the greatest good to the largest number. The greater the number of persons congregated together under one roof the more unbending the discipline necessarily becomes. The individual is merged in the mass. On the other hand small numbers relax discipline and develop individuality.

It is a well known fact that in the material world morbid matter may exist and yet be so diluted by counteracting causes as to render it inert. When, however, it finds a nidus, or its relative proportion to surrounding hygienic circumstances is disturbed, its action is intensified and it expends itself with increased force. No medical director of an army would think of congregating all the cases that come under the care of his department. While he organizes a system to embrace

all, care will be exercised that separation and, even isolation of diseases is rigorously preserved. The tendency of diseases to react unfavorably upon each other is well known, and the separation is enjoined in obedience to this law.

Mental diseases afford no exception to this law. The tendency of different temperaments, morbidly affected, to react unfavorably and even intensify the morbid element, must be acknowledged. That a case of acute mania, with constitutional disturbance and delirium, derives any advantage from being "classified" with a number of others in the same condition may be believed because necessity compels the arrangement, but will not be accepted as an original proposition. In every asylum are to be found, also, a number of patients who, having passed through the acute stage of an attack of insanity, emerge with mental powers impaired. They are partially demented, or exhibit such obliquities and delusions as to render them dangerous or improper persons to be discharged. They possess a certain amount of self-control which is compatible with their stay upon a quiet hall. While some among them are conservators of the good order of the house, others are querulous and restless. Retaining a certain amount of ill-directed mental activity, and having unpleasant recollections of persons and things associated with the early management of their case, they ultimately become fit subjects for heroes of writers of sensational literature. The necessities of our present asylum plan compel the association of this class together, with which, must, also, be classified such recent cases of partial alienation as are received for treatment.

The monotony of the life of the insane—especially that of the chronic insane—is a matter of painful experience. It is the offspring of idleness and want of occupation. It is the tedium of asylum life. The domestic

occupations of females presents them more pleasantly to the visitor of an asylum. But who has not experienced the painful impression which the listless inactivity of a large asylum produces.

Every plan for the relief and care of the insane should be comprehensive, and include all conditions of insanity, more especially the chronic insane poor, usually sent directly or indirectly to the poor-houses.

Under the roof of every asylum are to be found two classes, representing, in their excitement and mildness, two opposite stages of disease. Between these extremes are numbers in variable conditions. That the excited, the paroxysmal and the feeble, need such restraint as the usual plan of an asylum building affords, will not be questioned. This portion would not, ordinarily, exceed one-third or one-half the population of an asylum organized upon existing plans. The remainder would embrace the large number for whom we would propose to substitute the custodial care of an auxiliary organization for the restraint and discipline of the asylum. For the care and treatment of those cases requiring restraint and immediate medical attention and inspection, a building of proportions much reduced below the usual standard would answer every requirement. Ample facilities for classification should be provided in this building, which, for convenience, might be designated the hospital. Special means for treating acute cases, by excluding some of the injurious influences which a promiscuous association is believed to exert, in certain instances, should also be provided.

An auxiliary organization, or an organization supplementing the hospital, should comprise arrangements for the custodial care of the quiet, harmless, and manageable insane, mostly of the chronic class. Two-thirds of all the insane are of this class. This organization

should be in the nature of a colony, made up of detached buildings, for both sexes, having the relation of contiguity to the hospital. It would supplement the hospital, by affording more extensive facilities for classification. While the hospital building would furnish the extreme of restraint, the colony organization would reduce it to the simplest form of surveillance. The colony should be composed of several buildings, which might be located with reference to the various employments incident to a large establishment—as the cultivation of fruit and the garden, the farm, the care of stock, and certain mechanical operations. Among the chronic insane are to be found a large number who possess, notwithstanding the mental impairment, physical strength unimpaired. They are capable, under the direction of judicious influences, of performing the usual manual labor of a farm. The physical strength remains, but the force of the will to direct is impaired. A certain proportion are feeble, mentally and physically, but susceptible to the impressions of surrounding circumstances.

Of the different forms of occupation, not any contributes so much, in its variety and its results, to contentment and healthful diversion as farm labor. Under the influence of regular employment, the monotony and idleness which render the life of the insane so intolerable, and so often finds expression in fitful outbursts of violence, will disappear. As a remedial measure, out-of-door occupation is invaluable, and in this way we can explain the reported recoveries of patients in the poor-houses, after they have been discharged, as incurable, from an asylum. As the connection of a large farm with well-organized departments of labor would afford ample employment for males, so the various domestic in-door avocations which females could follow would be encouraged.

The proximity of the hospital would permit transfers and new classifications to be made without inconvenience, as the varying condition of patients might demand.

No opinion is expressed as to the exact number that should be accommodated in the hospital building and colony organization. This should be left to actual experience, in every case, to determine, believing, as we do, that it would result in favor of reducing the proportions of the hospital building, and expanding the auxiliary organization.

It is essential that the buildings of an asylum should be on such a moderate scale of expenditure as not to preclude the creation of additional establishments, and that the expense of maintenance should be so reasonable as to meet the approval of county and state officials, and not encounter their criticism and objections. There is no doubt that the great expense attending the erection and operation of our asylums for the insane has proved the greatest embarrassment to their multiplication. It was usual to estimate the cost at one thousand dollars per bed before the present enhanced cost of labor and material. To meet the present condition of things at least fifty per cent. should be added to this estimate. If, for instance, a state with the population of New York were to determine to place all her insane in asylums upon plans usually adopted, the sum of \$6,000,000, at least, would be required. Provision would still be necessary to meet the annual expectancy. What prospect there is that any populous state will accomplish the result of placing all its insane in asylums, they can best answer who labor with legislatures to secure the moderate sums yearly asked for repairs and improvements of buildings already erected. No state, at home or abroad, has yet been able to place all its insane in asylums on

the present plans, and never will be able to do so, unless great concessions are made in this respect. The plan of an asylum which the committee recommend, aside from answering better, in their judgment, the actual wants and condition of the insane, possesses the additional advantage of greater economy in the erection of buildings. The question of economy of construction not only enters very largely into this matter, but that of the cost of support. It will probably occur that where the expense of weekly maintenance in the asylums is greatest, that the insane supported by towns will be more generally neglected, the poor-houses contain the greatest number, and the state more reluctant to enlarge asylum accommodation. Not so much for the purpose of instituting a comparison, as of presenting facts necessary to an intelligent understanding of this question, we give the average weekly cost of support in several asylums lying in adjacent states, taken from the last accessible reports, viz :

State Asylum at Taunton, Mass., per week.....	\$3.39
“ “ Northampton, Mass., “	3.64
“ “ Worcester, “ “	3.97
“ “ Harrisburgh, Penn., “	4.05
“ “ Trenton, N. J., “	4.42
“ “ Utica, N. Y., “	5.09

The cost of supporting paupers in the state almshouses of Massachusetts, is \$1.48 per week, while in the state of New York it does not, perhaps, exceed one dollar. It would appear, accordingly, from these statistics, that the views of those officers administering relief to the insane in the asylums and poor-houses are widely different.

The importance of regular and variable occupation is conceded by all who have had experience with the insane.

Of the value of the labor of the chronic insane, doubtless different opinions prevail. Three-fifths of them are able and willing to labor more or less. Under an improved organization the number would increase, and with it the avails of the labor. There could be no objection, certainly, to appropriating these avails toward reducing the cost of support. For the proper development of any regular system of labor, in connection with an asylum, at least five hundred acres of land to every seven hundred patients are requisite. We should confidently expect, under this system, a reduction of one dollar per week, at least, below the present average cost of support.

To what extent certain public patients may be cared for at their own homes, by extending moderate aid to their families, is a proper question for examination. The number of those, now in the poor-houses, who would experience the benefit of this arrangement is probably small. In England, Scotland, and in Massachusetts, it is supposed fifteen per cent. of the chronic insane may thus be cared for. Such persons, as well as all public institutions for the insane, should be under the supervision of an efficient board of control, with powers and duties analagous to those of the Board of State Charities of Massachusetts.

In the examination of a subject such as has been confided to your committee, they are aware, as a rule, it is easier to point out defects than to suggest remedies. The opinion that there are defects in the present system of caring for the insane is not to be received, however, as a confession that we have so far been pursuing a wrong policy, and that all has been in vain. To be aware of existing defects, and admit the proposition that they are to be ignored, or concealed, would, on the other hand, forever prove a bar to change or progress.

In presenting to this association the suggestions contained in this report, the committee have done so with due regard and respect for the opinions of those who may dissent, yet, in the confident conviction that they solve the problem of the proper disposition of the chronic insane poor. The plan which is presented has the merit of actual and successful demonstration abroad. It aims at the segregation, not the aggregation, of the insane; increased personal liberty; greater economy of expenditure in the erection of buildings; and a reduction in the cost of support. In this direction all progress and improvement should tend, whatever may be the actual means employed.